

Medicaid Home And Community Based Waiver



Home and Community Based Waivers:

- * cover all regular medical services plus services not otherwise available.**
- * allow a person to have a better quality of life by helping them to live in places such as their own home.**

Without these services a person might need to be in a long term care facility.

**Utah Department of Health
Bureau of Eligibility Services**

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MEDICAID, WHAT IS IT? HOW TO APPLY

Medicaid is a program where the Federal and State government work with each other to pay for health care services for eligible people. This pamphlet gives details of some of the rules of the Utah Medicaid program.

Some Medicaid rules are not the same in each state. If you need to know about Medicaid in another state, you need to contact a Medicaid worker in that state.

To apply for Utah Medicaid and to get answers to your questions about financial eligibility, you need to talk to a Medicaid eligibility worker from the Utah Department of Health, Bureau of Eligibility Services or Department of Work Force Services. Each waiver has at least one worker assigned to it. The medical case managers who work with the waiver can tell you the name and telephone number of the Medicaid eligibility worker assigned to each waiver. **The Waiver Medical Case Manager should be your first contact.**

This pamphlet has a lot of facts you may need to know and some you may not need to know. Choose to read what you think applies to you.

WHO CAN GET WAIVER MEDICAID?

To get Waiver Medicaid you need to be eligible for one of the five waivers. Waivers cover the following groups. The phone number listed below will help you contact a Waiver Medical Case Manager.

Aging Waiver: This waiver is for people who are at least age 65. It is to help people get the services they need to stay in their own home or in an other community living arrangement instead of a nursing home. Your local Area Agency on Aging is the access point for this waiver. Call 1-801-538-3910 for more information.

Developmentally Disabled / Mentally Retarded Waiver: This waiver helps people of all ages who are developmentally disabled and mentally retarded and need help with activities of daily living. People applying for this waiver should contact the Division of Services for People with Disabilities. Call 1-801-538-4200 for more information.

Technology Dependent Waiver: This waiver is for children under age 21 or who qualify for waiver services by the month in which they turn 21. They must live in the community, and have extraordinary medical needs. Access to this waiver is through the Division of Family Health Services. Call 1-801-584-8505 for more information.

Brain injury Waiver: This waiver is for people who are 18 years or older and have brain damage resulting in many problems with their ability to provide self-care and engage in regular activities of daily living. People applying for this waiver should contact the Division of Services for People with Disabilities. Call 1-801-538-4200 for more information.

Physical Disabilities Waiver: This waiver is for people at least 18 years of age that are frail enough to be in a nursing home and have lost the use of at least two limbs. People applying for this waiver should contact the Division of Services for People with Disabilities. Call 1-801-538-9864 for more information

FINANCIAL AND MEDICAL ELIGIBILITY

To get Medicaid to help you pay for your care, you need to be **Financially and Medically** eligible.

Financial: To see if you can be signed up for Medicaid, a Medicaid Eligibility Worker will need to have you give facts about your income (Social Security, retirement, Veterans Benefits, etc.). You will need to give facts on assets (bank accounts, property, stocks, cash on hand, etc.) Your Waiver Case Manager will give you the name and telephone number of the Medicaid Eligibility Worker. **Call for an appointment.**

Medical: Your doctor and your Waiver Medical Case Manager must give facts about how ill you are. There are rules telling how ill you must be to get Medicaid. The Waiver Medical Case Manager will let Medicaid know about these facts. A Medicaid form called a 927 will be sent to the eligibility worker so the worker will know you are medically eligible. **This should be done at once.**

These are two separate steps. Both must be done before Medicaid can pay for waiver services.

WHAT TO BRING WHEN YOU APPLY

If you want Medicaid, you may need to verify facts about you and your spouse. What you need will depend on your income and assets. If you have the items listed below, please provide a copy of them. Don't delay applying because you don't have items on the list. You can apply even if you do not have all of these items. When you talk to your Medicaid worker, you will get help on which items you may need. If you need help, ask.

This is a List of Items Often Needed:

- If you are not a U.S. citizen you need proof of alien status;
- Social Security number and Medicare claim number;
- Information on medical insurance premiums paid, including the address of the company and the policy number;
- Proof of all income received by you or your spouse, including any amounts withheld. Include income from, Social Security, SSI, Civil Service, Railroad Retirement, Veterans Benefits, retirement income, pensions, disability income, earnings, self-employment, unemployment, child support, alimony, church assistance, rental income, cash gifts, interest income, income from investments, inheritance or settlement income, etc.;

- Proof of assets owned by you and your spouse. Include anyone else's assets in which you or your spouse are a joint owner, signer, or trustee. Assets are things like bank accounts, cash, homes or real estate, IRA or 401K, stocks/bonds, notes, annuities, jewelry (but one wedding ring set per person is exempt), livestock, water shares, oil/mineral rights, life insurance, funeral plans, burial spaces, trusts, sales contracts, vehicles, etc.;
- Copies of medical bills you owe or have just paid.

DATES OF MEDICAID COVERAGE

Medicaid eligibility is decided one month at a time. You may be eligible in one month and not eligible in another month. When this happens, many times it is because you were under the asset limit on the first moment of one month and not in another month. See Assets, First Moment of the Month Rule, Page 8. Once you are eligible for a month, Medicaid covers services received during that month.

PAST MEDICAL BILLS

Medicaid Covered: Medicaid can only cover past bills for medical services you received no earlier than three months right before the day you apply. If you apply to have past medical bills paid by Medicaid, you must be eligible for the time period in which you received the medical care.

Income Deductions: If your past bills are not covered by Medicaid, you may be able to get a medical income deduction for past medical bills you still owe.

Please tell your worker if you want to see about getting help with past medical bills.

WHEN MEDICAID IS AND IS NOT ACCEPTED AS PAYMENT

Ask a doctor, nurse, clinic, hospital, or pharmacy if they will accept Medicaid as payment. If they say yes, they **may not ask for payment from you**. But if a doctor, nurse, clinic, hospital, or pharmacy does not take Medicaid, and **you agree to pay for that medical bill, you must pay it**. If this medical bill you agreed to pay is for a service that a Doctor says you need and if you pay part of your income to be eligible for Medicaid you might be able to deduct the amount of the bill from the amount of your income you pay to Medicaid. If you need a medical service not paid for by Medicaid, ask your Medicaid Eligibility Worker for an income deduction. Here is how it works. When on a waiver, you might, depending on the amount of income you have, need to make a monthly payment to the waiver program. If a deduction for a bill not paid by Medicaid is allowed, then the normal monthly payment you make to Medicaid will be cut by that amount. This allows you to use that part of your monthly income to pay off the other medical bills. Your Medicaid Eligibility Worker can explain this to you in more detail.

EXAMPLES OF ADDITIONAL COVERED SERVICES PEOPLE ON A WAIVER MAY GET

Aging Waiver Additional Services

1. **Non-Medical Transportation:** This helps people get non-medical waiver services as well as other community services. 2. **Home Delivered Secondary Meals:** In-home meals brought to housebound people. 3. **Respite Care Services:** On a short term basis, this service gives a break to regular caregivers. This service is provided in a persons home. 4. **Home Maker Services and Chore Services:** Services to help with general household activities. 5. **Supportive Maintenance:** In home health care given by a home health aid to home bound people. 6. **Adult Day Care and Adult Companion Services:** Care and supervision to provide socialization, recreation and cultural activities. 7. **Emergency Response and Reminder Systems:** A device which lets high risk people get help if there is an emergency. 8. **Case Management:** Helps people access the services they need. 9. **Specialized Medical Equipment/Supplies/Assistive Technology:** Services to help a person with daily living activities. 10. **General Access Services:** Helps people get things like ramps, grab bars, widened doorways, etc. 11. **Personal Care Attendant Services:** Gives personal care and non-medical support services to people who can direct their own care or have someone else available to direct the care. 12. **Personal Care Attendant Program Training Services:** Trains the person on the waiver and family members on how to best provide needed services.

Brain Injury Waiver Additional Services

1. **Case Management:** Assists people in gaining access to needed services. 2. **Home Making Services:** Helps people with general household activities. 3. **Respite Care Services:** On a short term basis, this service gives a break to regular care givers. This service is provided in a persons home. 4. **Supported Employment:** Helps pay your wages if you need someone to help you to work. 5. **Specialized Medical Equipment:** Special equipment designed to help people move around and communicate with others. 6. **Chore Services:** Help to keep the home clean, sanitary and safe. 7. **Emergency Response Systems:** A device which lets high risk people get help if there is an emergency. 8. **Companion Services:** Non-medical care, supervision, and social activities given to an adult who has a hard time functioning. 9. **Family training:** Gives training and counseling services to help the family to be able to care for the person getting waiver services. 10. **Structured Day Programs:** Supervised activities to help maintain independence.

Physical Disabilities Waiver Additional Services

1. **Personal Assistance Services:** Pays a personal assistant to give hands on care of both a medical and non-medical supportive nature. These services can be designed to meet the needs of each person on the waiver. 2. **Consumer Preparation Services:** Services designed to help the person on the waiver supervise and direct their personal assistant. 3. **Personal Emergency Response System:** this is an electronic device which helps a person get help if there is an emergency.

Technology Dependent Waiver Additional Services

1. Case Management: Assists people in gaining access to needed services. **2. Respite Care:** On a short term basis, this service gives a break to regular caregivers. **3. In-home Respiratory Care:** A medical service provided by a qualified person to help with good respiratory function. **4. In-home family counseling:** Helps the family deal with daily care of a seriously ill child. **5. Nutritional Help:** Helps the family to give good nutrition to the seriously ill child through ordinary means. **6. Portable Oxygen:** Lets the seriously ill child have activities outside the home.

Developmentally Disabled / Mentally Retarded Waiver Additional Services

1. Employment Support: Teaches people how to get and keep a job. **2. Respite Care Services:** On a short term basis, this service gives a break to regular caregivers. **3. Family Support:** Includes training on how to take care of the waiver person in their own home and “latch key” services for working parents. **4. Environmental Adaptation:** Changes can be made to the home that will ensure the health, welfare, and safety of the client. **5. Specialized Medical Devices:** These help with things such as travel, mobility and communication. **6. Emergency Response Systems:** A device which lets high risk people get help if there is an emergency. **7. Case Management:** Provides eligibility determination and coordinates a person centered support service. **8. Community Living Support:** Services to help the client live in a home and community based setting and achieve a good quality of life. **9. Home Maker Services and Chore Services:** Services to help with general household activities. **10. Day Supports:** Teaches people skills to make them more independent in the community. **11. Education Services:** Gives special help and individual tutoring. **12. Supported Living:** Teaches people to live as independently as possible. **12. Personal Assistance:** Can give personal care and non-medical support. **13. Transportation Services:** Can give needed transportation. **14. Specialized Supports:** Chiropractic, Acupuncture, Massage Therapy, Diet Management, and Communication Support.

For Information on Non-Waiver Services Covered Call 1-800-662-9651.

FINANCIAL ELIGIBILITY

Aging Waiver Financial Eligibility

Medical Need: Be approved for the waiver by your local Area Agency on Aging. Need the level of care given in a nursing home.

Age: Be at least 65.

Assets: \$2,000. See Pages 8 and 9 for details on which assets count and which ones don't.

Income: We only count the income of the person on the waiver.

Income Deductions: Earned income deduction of \$125, Aging Waiver deduction of 100% of the Federal Poverty Standard (presently \$776, changes April 1st of each year), health insurance deduction, a deduction for some medical bills you owe, and a shelter cost deduction. Your spouse may be able to keep some of your income. This depends on the income and expenses of your spouse.

People With Physical Disabilities Waiver Financial Eligibility

Medical Need: Be approved for the waiver by a Division of Services to People with Disabilities Case Manager. Need the level of care given in a nursing home.

Age: Be at least 18.

Assets: \$2,000. See Pages 8 and 9 for details on which assets count and which ones don't.

Income: We only count the income of the person on the waiver.

Income Deduction: \$1,692.

Developmentally Disabled / Mentally Retarded Waiver Financial Eligibility

Medical Need: Be approved for the waiver by a Division of Services to People with Disabilities Case Manager. Need the level of care given in a nursing home.

Age: No age requirement.

Assets: \$2,000. See Pages 8 and 9 for details on which assets count and which ones don't.

Income: We only count the income of the person on the waiver.

Income Deductions: Earned income deduction of \$810, Developmentally Delayed / Mentally Retarded deduction of 100% of the Federal Poverty Standard (presently \$776, changes April 1st of each year), health insurance deduction, a deduction for some medical bills you owe. Your spouse may be able to keep some of your income. This depends on the income and expenses of your spouse.

Brain Injury Waiver Financial Eligibility

Medical Need: Be approved for the waiver by a Division of Services to People with Disabilities Case Manager. Need the level of care given in a nursing home.

Age: Be 18 or older.

Assets: \$2,000. See Pages 8 and 9 for details on which assets count and which ones don't.

Income: We only count the income of the person on the waiver.

Income deductions: The earned income deduction is \$125. Brain Injury deduction of 100% of the Federal Poverty Standard (presently \$776, changes April 1st of each year), health insurance deduction, a deduction for some medical bills you owe, and a shelter cost deduction. Your spouse may be able to keep some of your income. This depends on the income and expenses of your spouse.

Technology Dependent Child Waiver Financial Eligibility

Medical Need: Be approved for the waiver by a Family Health Services Case Manager. Need the level of care given in a nursing home.

Age: Child can qualify through the month the child turns 21 years old. Recipients 21 years of age and older who are admitted to the waiver prior to their 21st birthday may receive ongoing waiver services.

Assets: \$2,000. See Pages 8 and 9 for details on which assets count and which ones don't.

Income: We only count the income of the person on the waiver.

Income Deductions: Earned income deduction of \$125, Technology Dependent Child deduction of 100% of the Federal Poverty Standard (presently \$776, changes April 1st of each year), health insurance deduction, a deduction for some medical bills you owe. If the waiver client is married the spouse may be able to keep some of the clients income. This depends on the income and expenses of the spouse.

Please keep in mind that this is a brief summary of some complex laws. Your worker will explain what can be done to best help you.

INCOME

I

When you get Medicaid benefits, **you must report any changes in your income**, such as cost-of-living changes, cash gifts, or new sources of income. Changes to the income of your spouse must also be reported. You must let your worker know about the change as soon as it happens.

The law states that if you get Medicaid, **you must apply for any income you might be able to get**. This includes, but is not limited to, Veteran's Benefits, Social Security, Worker's Compensation, sick pay, mortgage or paycheck insurance, Unemployment Compensation, child support or alimony, life insurance, or retirement benefits. The one benefit you do not have to apply for is Supplemental Security Income (SSI).

If you are on **Medicare Part B**, you have a monthly payment held out of your Social Security check each month. Your Social Security amount is really more than the check you get each month. When your worker figures the amount of your countable income, the gross amount of your Social Security is used, not the amount you receive.

After you have been on Medicaid about three months, Social Security will stop holding the Medicare Part B premium out of your monthly checks. You will receive a refund check from Medicare for the money that was held out for the months you were on Medicaid. This is because the State of Utah will pay the Medicare premiums for you for the months you are on Medicaid. Call your worker if you have questions.

ASSETS

You are eligible for Medicaid only if the assets that must be counted are \$2,000 or less on the first moment of the month. **Assets must be \$2,000 or less for each month you want Medicaid**. If you are not married we count only your assets. If you are married we look at the assets of your spouse. See When You Have A Spouse: Assets, Page 11.

Assets include all things you own or have part interest in. Assets are things such as real estate (houses, land, farm ground, buildings), bank accounts, stocks or bonds, trusts, and in some cases, cash value of life insurance policies. Tell your worker about all your assets. Your worker will find out what counts and what does not. See the list of exempt assets on Page 9.

First Moment Of The Month Rule: Utah Medicaid starts on the first moment of the first day of a month. If you are eligible on the first moment, you are eligible for the whole month. If you are not eligible on the first moment, you are not eligible that month at all. Your next chance to be eligible is the first moment of the next month.

Because of this, it does not matter what your assets are on any other day. We look only at the assets you own on the first moment of the month.

If you were going to pay some bills, or get money out of your account, some other way but did not do so, we have to count that money as an asset. It does not matter that you owe all or part of the money to someone. If you still have it, we have to count it as an asset.

This first moment of the month rule is meant to look at your assets before you get your monthly income. Income is never counted as an asset for the month you get it. For example, the Social Security check you get for a month is income for that month and is not counted as an asset. The problem arises if that money is still there on the first moment of the **next** month. If this happens, we must count the money as an asset. The total must not be more than \$2,000, or you are not eligible.

EXEMPT ASSETS

Some assets do not count against the \$2,000 limit. These are exempt assets. Here are some examples:

Home: Your home located in Utah will not usually count as an asset if:

- you live in your home. or
- you intend to return to the home, or
- your spouse or relative who relies on you lives in the home. Relatives who rely on you are relatives who claim to rely on you for money, medical help, or any other reason.

If your home is in a state other than Utah, it can be exempt only if you have a spouse or relative who relies on you living in it.

See Page 14 about Estate Recovery.

Vehicles: The value of one vehicle can be exempt as an asset if it is used to take you to medical treatment at least four times per year. In most cases, the equity value of other vehicles counts as an asset.

Life Insurance: The cash value of your life insurance counts as an asset, unless the combined total face value of all policies is \$1,500 or less. Dividends earned by life insurance policies will count as an asset.

Funds Set Aside for Funeral: Medicaid law allows some items for burial or funeral to be exempt as an asset. Here are examples of items which may be exempt:

- Irrevocable trusts or irrevocable prepaid funeral plans, up to \$7,000 per person;
- Your own money set aside for funeral, up to \$1,500. It must be separate and named to be used for burial. (This will count toward the \$7,000 limit);
- Such items as a cemetery plot, casket, vault, or urn. These items must be fully paid for.

Household and Personal Items: The furnishings, appliances, and other personal items in your home normally do not count against the \$2,000 Medicaid asset limit.

The exception is that if you have any one item with a resale value (as is) of \$500 or more, we do count the value of such items. Such items could be jewelry (but one wedding ring set per person is exempt), works of art, a piano or other musical instrument, antiques, or computer equipment.

TRANSFER OF ASSETS

If you give away assets for less than their value, you can be denied Medicaid.

- * You must report all transfers made by you or for you in the 36 months before the date you apply for Medicaid.**
- * You must also report any assets transferred to or from a trust within 60 months before you apply.**

Transfers may make it so you are not eligible for Waiver Medicaid for a period of time. The following transfers will not affect your being eligible for Medicaid.

OK Transfers:

1. Transfer of a home or any other asset to your spouse.
2. Transfer of any asset to a blind or disabled son or daughter, or to a trust established for the sole benefit of a blind or disabled son or daughter.
3. Transfer of a home to a son or daughter under 21 years of age.
4. Transfer to a trust setup for the sole benefit of a person who is blind or disabled and who is under age 65.
5. Transfer of a home to a brother or sister who has an equity interest in the home and who has lived in the home for at least one year right before you enter a waiver program.
6. Transfer of a home to a son or daughter who has done the following:
 - (a) lived in the home, and
 - (b) provided care to the parent which let the parent remain at home rather than be institutionalized or be on a waiver, and
 - (c) done so for at least two years right before the parent's entry into the waiver program.
7. Transfer monthly of cash or equity value up to the amount of the average nursing home private pay rate. That amount, as of the date of this pamphlets printing is \$3,618.

If you transfer assets to someone for less than they are worth, you may be sanctioned. Sanction means that you will not be eligible to have Medicaid pay for additional services paid for under the waiver. If this happens, you may still be eligible for Medicaid to pay for other costs. The length of the sanction depends on the value of the assets you transferred and when the asset was transferred.

WHEN YOU HAVE A SPOUSE: ASSETS

Assets

If you are on a waiver and have a spouse who is not on a waiver or in a medical institution, your spouse may be allowed to keep part of the assets. The amount your spouse may keep is $\frac{1}{2}$ the total amount of countable assets. There are some exceptions: Your spouse may keep a minimum of up to \$18,552, not to exceed \$92,760. These amounts go up January 1st of each year.

Example # 1: Total countable assets of both you and your spouse: \$18,000. Since this is less than \$18,552 your spouse can keep all of the assets.

Example # 2 Total countable assets of both you and your spouse: \$100,000. You keep \$50,000 and your spouse keeps \$50,000. When you have no more than \$2,000 and your spouse has no more than \$50,000, you are asset eligible.

Example # 3: Total countable assets of both you and your spouse: \$200,000. Your spouse can keep no more than the maximum of \$92,760. The remainder of the asset, \$107,240 is counted as your asset. When you have no more than \$2,000 and your spouse has no more than \$92,760, you are asset eligible.

Assessment

The way to find out how much of your assets your spouse can keep is by an **assessment**. The assessment is a listing of the assets of a married couple as of the date one of them enters a waiver program for 30 days or longer. All countable assets are listed. It does not matter whose the assets were before the marriage, or how long the couple have been married, or which spouse's name they are in now. Medicaid is concerned only with the **total** value of all the countable assets of the married couple.

After the assessment is done, your Medicaid worker will send a letter to you and to your spouse telling each of you of the amount of the assets you can each keep. The amount of the asset belonging to your spouse will **not** be counted to figure your Medicaid eligibility.

You may be eligible for Waiver Medicaid when the assets belonging to your spouse are down to the amount in the assessment letter, and the share belonging to you is \$2,000 or less. Verification of how assets are spent may be needed to assure that no assets were transferred for less than fair market value. Assets can be used for items and services that benefit you or your spouse.

After your Waiver Medicaid is approved, there is a 90 day period to transfer your assets into the name of your spouse. The worker will check to make sure that this has been done. After the 90 day period, you will not be eligible if more than \$2,000 worth of assets remains in your name.

WHEN YOU HAVE A SPOUSE: INCOME

If you are on a waiver and you have a spouse not on a waiver or in medical institution, he or she may be able to keep part of the income that comes in your name. The amount of monthly income your spouse can keep depends on the amount of the income in their name. The amount the spouse can keep is \$1,515 per month. From this figure, we SUBTRACT the income of your spouse, and we ADD any housing costs like rent, mortgage, utilities, and taxes which exceed \$455 per month. The remaining income is the amount of your income your spouse can keep each month. The \$1,515 and the \$455 amounts go up July 1 of each year.

If your spouse at home has monthly gross income of more than \$1,515, he or she will not be able to keep any of your income, unless he or she has housing cost of more than \$455 per month. If your income plus the income of your spouse at home is less than \$1,515 your spouse at home may be able to keep all income except your \$45 personal needs.

Example:

Suppose your spouse has \$500 of gross monthly income, your income is \$1500 per month, and the monthly housing cost for your spouse at home is \$600.

1. Subtract \$500 from \$1,515 ($\$1,515 - \$500 = \$1015$). Your spouse at home keeps \$1015 of your income.
2. Subtract \$455 from \$600 ($\$600 - \$455 = \$145$). Since the housing costs for your spouse are over \$455, your spouse at home can keep an extra \$145 of your income.
3. The total amount of your income your spouse at home keeps is \$1,160 ($\$1015 + \$145 = \$1,160$).

Your spouse will be able to keep \$1,160 of your income, and all of her income.

Family Members

A family member who lives with your spouse at home may rely on you for support. If so, your spouse at home may be able to keep some of your income to help pay for the family members needs. Ask your Medicaid worker about this.

Hearings

Sometimes there are good reasons why your spouse at home needs more income. If this is the case, you can ask for a hearing. Your Medicaid worker can tell you about this.

RIGHTS AND RESPONSIBILITIES OF APPLICANTS FOR MEDICAID

You have the right to:

- Apply or reapply any time for any Medicaid program.
- Receive help completing the application forms.
- Know the name of the person you are working with.
- Be treated with courtesy, dignity, and respect.
- Be asked for facts and verification clearly and courteously.
- Be told in writing why your application was approved or denied.
- Be told in writing when any changes are made on your case.
- Have an agency conference to talk about your case.
- Ask for a hearing any time you don't agree with an action taken on your case.
- Look at any information used to decide your eligibility and the amount you must pay.
- Look at the policy manuals.

You have the responsibility to:

- Apply for Medicaid by completing and signing an application and verifying eligibility factors with the Bureau of Eligibility Services, Utah Department of Health or the Department of Work Force Services.
- Give complete and accurate facts so eligibility can be figured right.
- Report any changes as soon as they happen. This includes changes to your income, the income of your spouse, the opening or closing of any bank accounts, or getting any new assets. You should also report any changes in your medical insurance coverage.
- Apply for any other benefits you may be entitled to, such as Medicare Part B, if not already receiving coverage.

WILL MEDICAID TAKE AWAY MY HOUSE?

No. Medicaid does not take away people's houses. But the house may keep you off Medicaid, if it is a countable asset. The house is **not** counted, if your spouse or another family member lives in it. A house that is in Utah can also be exempt if you plan to return to it. Your house may be part of an estate recovery after your death.

IS THERE A LIEN ON MY PROPERTY?

The law requires States to recover payments made for Medicaid people age 55 or older. This recovery will not take place while the client or spouse is living, or if there is a dependent child under age 21, or a surviving blind or disabled child. We have a pamphlet called **Estate Recovery Information Bulletin** which gives more information on this recovery. You can get this pamphlet from your Medicaid worker.

WHAT IF I PAY TOO MUCH IN A MONTH?

You may be eligible for a refund if the amount you pay to get Medicaid for a month is more than the dollar amount of your medical bills Medicaid covered for that month. Contact your Medicaid worker if you believe you may have paid too much for any month.

WHEN SHOULD I APPLY FOR MEDICAID?

Usually, you should apply as close to the time you enter a waiver as you can. In most cases, we approve or deny your application within 30 days of the time you make an application. **If you need more time** than this to get facts back to the Medicaid worker, **ask for it**. Medicaid can begin on the first day of the month in which you applied. If you qualify, it can start as far back as three months before the month in which you apply. You can talk to a Medicaid worker at any time if you have questions, but **please call for an appointment first**. Note that the date of application for Medicaid is the day we actually receive the signed application forms. Please contact your worker to get the right forms.